

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE  
PLANNING AND ZONING DIVISION  
515 W. Moreland Blvd. Room AC 230  
Waukesha, Wisconsin 53188

Fee Paid \_\_\_\_\_  
Receipt No. \_\_\_\_\_

Phone: (262) 548-7790 Fax: (262) 896-8071  
Plat Review Email: [pod@waukeshacounty.gov](mailto:pod@waukeshacounty.gov)

**CERTIFIED SURVEY MAP SUBMITTAL FORM**

Review Due Date: _____	Date Filed: _____
Latest Date/Revision Date of the CSM: _____	File No.: _____
<input type="checkbox"/> Preliminary CSM <input type="checkbox"/> Revised Preliminary CSM <input type="checkbox"/> Final CSM <input type="checkbox"/> Revised Final CSM	
Area above to be completed by Zoning Administrator	

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Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Certified Survey Map Contact Person \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Number

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

CSM Location – Section: \_\_\_\_\_ Municipality: \_\_\_\_\_

Tax Key No(s) \_\_\_\_\_

**CHECKLIST OF ITEMS TO BE COMPLETED IN CONJUNCTION WITH CSM SUBMITTAL**

PLEASE CHECK THE APPROPRIATE BOX

YES	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Certified Survey Map <b>to scale</b> , signed, sealed, and dated by the Surveyor with the <u>same</u> revisions dates on <u>all</u> pages?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of the CSM Land Division Review Checklist indicating that all appropriate items have been completed by the Surveyor (optional).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the local municipality been contacted regarding their CSM submittal process?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the property contain wetlands that have been field verified? If yes, please indicate the source and date of the delineation on the CSM.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the property contain Primary Environmental Corridor that has been field verified? If yes, please indicate the source and date of the delineation on the CSM.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Waukesha County Department of Public Works or the State Department of Transportation completed a review of the proposed accesses, <i>if applicable</i> ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Waukesha County Environmental Health Division been contacted for review of all lots containing septic systems or future lots with septic potential, unless on sewer?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil tests for every lot created or documentation from the Municipal Clerk that sewer is available, <i>if applicable</i> .

**ADDITIONAL ITEMS TO BE SUBMITTED, AS APPLICABLE:**

- Field verified wetland delineation report.
- Field verified ordinary high water mark determination.
- Field verified Primary Environmental Corridor delineation report.
- Waukesha County Department of Public Works or State DOT access review/approval letter.
- Waukesha County Environmental Health Division septic review/approval letter.
- Town sewer availability letter.

**ADDITIONAL ITEMS TO REVIEW PRIOR TO SUBMITTING A CERTIFIED SURVEY MAP**

- ☐ Contact the Planning and Zoning Division to determine the required review fees and timeline.
- ☐ Ensure compliance with County Park and Open Space Plan - discuss acquisition issues with the appropriate agency **early** in the process.
- ☐ Request any **additional** field delineations/studies **early** in the process (floodplain studies, navigability determinations, ordinary high water mark determinations, etc.).
- ☐ Apply with the local municipality for CSM review.
- ☐ Check that all of the extraterritorial review municipalities are notified, if any, and check for any recent annexations that may affect the boundaries of extraterritorial plat review authority.
- ☐ Check that all other actions affecting the submittal of the CSM are approved (e.g., land use plan amendments; zoning changes; conditional uses; sewer service area amendments; sewer extension letters; DNR, ACOE, WDOT, approvals; etc.) and provide necessary documentation.
- ☐ Plan for utility work and communicate with the utilities **early** in the process.
- ☐ Apply for any waiver requests from the County and the local municipality and, if approved, indicate as such on the face of the CSM (item waived, by whom, date, etc).
- ☐ Review the CSM Land Division Review Checklist for additional items.

**NOTE: FAILURE TO SUBMIT ANY OF THE INFORMATION REQUIRED ABOVE, AS APPLICABLE, MAY RESULT IN THE DENIAL OF YOUR CERTIFIED SURVEY MAP.**